

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/553 248

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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24						
25	1					
26	1	1				
27	1	1				
28	1	1				
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30	1	1				
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43	1	1				
44	1	1				
45	1	1				
46	1	1				
47	1	1				
48	1	1				
49	1	1				
50	1	1				
TOTAL IND.	4					
TOTAL DEP.		24				
TOTAL CLAIMS	28					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						